



CITY OF ATLANTA

Kasim Reed
Mayor

SUITE 1900
55 TRINITY AVENUE, SW
ATLANTA, GA 30303
(404) 330-6204 Fax: (404) 658-7705
Internet Home Page: www.atlantaga.gov

DEPARTMENT OF PROCUREMENT
Adam L. Smith, Esq., CPPO, CPPB
Chief Procurement Officer
asmith@atlantaga.gov

June 15, 2012

Dear Potential Proponents:

Re: FC-6016, Employee Benefits

Attached is one (1) copy of **Addendum Number 1**, hereby made a part of the above-referenced project.

For additional information, please contact Mr. Wendell Bryant, Contracting Officer, at (404) 330-6127 or by email at wambryant@atlantaga.gov.

Sincerely,

A handwritten signature in black ink that reads "Adam L. Smith".

Adam L. Smith

ALS/wamb

cc: Ms. Yvonne Cowser Yancy
Mr. Louis Amis

ADDENDUM NO. 1

This Addendum No. 1 forms a part of the Request for Proposals and modifies the original solicitation package and any prior Addenda as noted below and is issued to incorporate the following:

Questions and Answers.

Addendum No. 1 for **FC-6016, Employee Benefits** is available for pick-up in the Plan Room: City Hall, 55 Trinity Avenue, Suite 1900.

Proposals are due on Tuesday, July 3, 2012, and should be time stamped in no later than 1:59 p.m. and delivered to the address listed below:

Adam L. Smith, Esq., CPPO, CPPB
Chief Procurement Officer
Department of Procurement
55 Trinity Avenue, S. W.
City Hall South, Suite 1900
Atlanta, Georgia 30303

****All other pertinent information is to remain unchanged****

FC-6016, Employee Benefits

Addendum No. 1

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Acknowledgment of Addendum No. 1

Proponents must sign below and return this form with bid to the Department of Procurement, 55 Trinity Avenue, City Hall South, Suite 1900, Atlanta, Georgia 30303 as acknowledgment of receipt of this Addendum.

This is to acknowledge receipt of **FC-6016, Employee Benefits** on this the _____ day of _____, 2012.

Legal Company Name of Proponent

Signature of Authorized Representative

Printed Name

Title

Date

FC-6016, EMPLOYEE BENEFITS

SET I: QUESTIONS & ANSWERS

EXHIBIT A (SCOPE OF SERVICES) QUESTIONS & ANSWERS

1. How many carriers will be selected to offer medical benefits? If multiple carriers are offered, can we provide fee with enrollment tiers?
A. The City currently offers two carriers for employee medical benefits. The actual number of carriers selected for this RFP relating to the medical products will be determined based on the proposals received. There is no accommodation on the Exhibit A-1 (Cost Proposal) for enrollment tiers. The City would prefer receiving firm fee and rate quotations that do not change depending on the number of participants in the final enrollment.
2. What is the current fee and what services are included?
A. The current administration fees will not be provided. Services under the POS ASO contract with BCBS include: standard administration services, network access, reinsurance, appeals (one mandatory level, one voluntary level and external review as applicable), 1099s, NYHCRA and other legislative and reporting, PBM services, health care management, utilization management, case management, health care advisor, transplant services, health solutions newsletter, myhealth member portal, electronic health risk assessment, personal health record, member alerts, condition care (asthma, pulmonary disease, congestive heart failure, coronary artery disease, diabetes), future moms, 24/7 nurse line.
3. How are pharmacy rebates handled?
A. The City currently receives approximately 100% of the pharmacy rebates from our self-funded POS Plan.
4. Please describe your current DM offering in greater detail
A. The City current HMO and PPO vendors currently have in place the following DM offerings Asthma, COPD, CAD, Heart Failure and Diabetes. The fully-insured HMO Plan has a more intensive DM program with a higher level of member participation.
5. What is the prevalence rate by disease state
A. The City's active and retiree populations is similar to most employers in this region of the country with a high prevalence of chronic diseases, the top 5 chronic diseases are Diabetes, Heart Disease, CAD, Digestive Disorders and Musculoskeletal Disease; subsequently, the prevalence rate by disease state for the City is similar to groups our size in this region.

6. What % of those member are identified as high risk, moderate risk and low risk
A. This information is not available at this time. The City is similar to most public sector employers in this region, while the City's has a high prevalence of chronic diseases, our population is stable and the overall medical trends for the past 4 years have been below the national average.
7. Please provide the current ROI attained as well as a list of clinical care and utilization improvement statistics by disease state and case management
A. This information is not available at this time. The ROI for the City's health and wellness initiative is within the initial years of development. The focus on clinical care and utilization improvements were developed approximately three years ago. Data provided by the current vendors indicate that the City claims data and member participation in its wellness initiatives and disease state/case management programs will show a significant ROI specifically for diabetes and hypertension.
8. Please provide additional insight into what is working well in Case Management and Disease Management and what you would like to see improved.
A. The City has experienced an overall increase in member participation for Disease Management programs that have targeted costly chronic diseases like diabetes and hypertension. Our annual medical trends have been below the national average. The City would like to see a continuation of the current processes as it relates to Case Management and Disease Management with an emphasis on managing the pre-65 retiree population.
9. Please describe your current wellness offering in greater detail
A. The City's current wellness offering includes the standard annual preventive care screening and examinations covered at 100%. Employees are offered 4 hours of annual leave to obtain their annual examinations. The Mobile Nurse Program provides onsite screenings and educational sessions to employees primarily on chronic diseases. The current vendors offer employees financial incentives to complete an HRA and to participate in their wellness programs and initiatives. Employees have an opportunity to use the City's Fitness Center (2) free of charge or join LA Fitness under a special City sponsored program. Employees have the option of joining Weight Watchers and or programs that are geared towards their health and wellness.
10. How does the current vendor interface with the current on site clinic
A. There is currently no interface with the onsite clinic. The clinic is staff by the City's Fire Department and there is limited educational and preventive services offer. The Mobile Nurse Unit has some interface with vendors as it relates to educational material and preventive screenings that are provided to employees at our Field Operations.

11. Please describe in greater detail the current on site clinic program and service offerings
A. The Clinic programs are currently limited to minor emergencies and blood pressure screenings. Since the Fire Department EMT's are currently staffing the facility, clinical programs and service offerings have been reduced to primarily providing urgent and emergency related services. The Mobile Nurse Unit has been designated to provide clinical education and screenings.
12. How many educational forums do you hold each year and at how many locations
A. The Department of Human Resources sponsors a minimum of 16 educational forums primarily at 5 key city locations along with 3 major health events – (2) Citywide Health Fairs, (1) Breast Cancer Awareness Event.
13. What % of members complete the Health Assessment each year and the biometrics screens as well as the annual health exams
A. The City's contracted vendors have offered Health Assessment's over the past several years. As a part of the Mayor's Healthier You Campaign, the City has experienced an increase in the percentage of members completing an HRA up to a record high 22% for active and retired employees. As it relates to % of employees receiving annual examinations, the HMO had approximately 72% and the POS Plan had approximately 65%.
14. Of those that complete a Health Assessment and biometric screens what % participate in lifestyle modification programs, what programs are offered today
A. This information is unavailable at this time, the City's health and wellness initiative and partnership with the medical vendors to increase participation for Health Assessment and biometric screens was implemented at the start of the current benefit plan year.
15. What percent of members are outreached to by a Health Coach for telephonic coaching vs. use of the on line lifestyle modification programs
A. This information is unavailable at this time, the City's health and wellness initiative and partnership with the medical vendors to develop programs involving telephonic health coaches or the use of on line programs for lifestyle modifications is relative new and the data is incomplete. The current contracted vendors have lifestyle modification programs in place and based on an initial assessment, utilization for the first six months of this benefit plan year has increased.
16. What results have been achieved with these current programs, risk reduction improvement, improvements in lifestyle modifications, please provide the actual results

A. This information is unavailable at this time, the City's health and wellness initiative and partnership with the medical vendors to develop programs specifically designed to improve employee/retirees lifestyles and address risks associated with the development of chronic disease is relatively new and data is incomplete; however, contracted vendors for the City's POS and HMO midyear review indicates a significant increase in member participation from the same period of the previous year.

17. In an effort to understand how the City is currently measuring the current provider of clinical program services from a program performance and return on investment perspective we have included the following questions. Answers to the following questions will be of great assistance to us in terms of understanding how best respond the pertinent performance and return on investment RFP questions/requests
18. Please provide the current performance measurements and associated fees at risk in place today. Please include the associated calculation methodology/s
A. The current performance measurements and guarantee are listed in the RFP under Section 3.5 (Volume II).
19. How satisfied is City with your current products and results?
A. The City is satisfied with the current products, but as with most employers in the public sector market, the City is faced with the challenges of providing quality and affordable health care to our employees and retirees while trying to balance budget reductions and decreases in tax revenues. The City like most employers in the public and private sector is faced with the same challenges of trying to limit and control annual healthcare cost increase.
20. What opportunities do you envision from an improvement perspective?
A. There are opportunities for improvement in the areas of Disease Management and our health and wellness initiatives. While the City has been able to experience a slight cultural shift in employees and their dependents behavior as it relates to managing costly chronic disease and taking an active role in the healthcare process, there are opportunities to make some major improvements.
21. What kind of reports do you want to be available for the city to pull from our system?
A. The RFP questionnaire includes a list of report types that proposers are to indicate their ability to provide. Also, the RFP asks for a sample copy of your standard reporting package. The reporting package will vary depending on the benefits that are quoted.
22. Is there any room to negotiate PG's?

A. The current performance guarantee are common in the industry, unless there are some recommendations that could potentially improve the quality of service and reduce financial liability, the room for negotiation is limited.

23. What information will be required on the monthly EOB reporting?

A. Claims and Encounter data along with payment summary.

24. Please provide us with some details regarding the administrative fee that the City is looking for us to remit to offset cost? Is there a set amount and is this for any thing particular like printing etc? Does it have to be sent in monthly?

A. The City will require all selected vendors to share equally in the printing costs associated with open enrollment materials. This is a one-time cost that is paid during the beginning of open enrollment. Since the open enrollment material and active/retiree handbooks have been placed online, there has been a significant reduction in printing cost for the contracted vendors.

25. By benefit plan, what are enrolled number of employees and members on each to include dental, vision, etc.?

A. The current enrolled employees by plan and tier are reflected in the census. Also, a recap by plan is reflected in Exhibit 7.

26. For Medicare retirees, can you please provide contribution schedule based on hire date and retirement date that is used to calculate City of Atlanta contribution?

A. The Census shows the hire and retirement date where available by retiree. Page 3 of Exhibit A, Section 3.5, of the RFP shows the retirement contribution schedule. Exhibit 2 of the RFP shows the total cost upon which the retiree contributions are determined.

27. Can we please obtain an updated census for Medicare retirees that Includes retiree years of service and retirement date?

A. The Census shows the hire and retirement date where available by retiree.

28. Can we please obtain current rates for the BCBS-Anthem Medicare Preferred PPO?

A. Exhibit 2 shows the total cost upon which the retiree contributions are determined, which is the same as the premium rate for insured plans such as the BCBS-Anthem Medicare plan.

29. For BCBS Medicare Advantage plan, can you please provide the most recent 24 months of medical and pharmacy experience on a monthly basis that includes Medicare allowable claims, plan allowable and plan paid basis?

A. The total annual claims split between medical and drug for the past 3 years are reflected in Exhibit 2. The monthly claims are not available at this time.

30. For BCBS Medicare Advantage plan, can you please provide the most recent 24 months of membership on a monthly basis?

A. The average monthly membership for the past 3 years is reflected in Exhibit 2. The monthly membership is not available at this time.

31. For Kaiser Medicare Advantage plan, can you please provide the most recent 24 months of medical and pharmacy experience on a monthly basis that includes Medicare allowable claims, plan allowable and plan paid basis?

A. The annual average membership for the last 3 years is provided in Exhibit 2. The claims information is not available at this time.

32. For Kaiser Medicare Advantage plan, can you please most recent 24 months of membership on a monthly basis?

A. The annual average membership for the last 3 years is provided in Exhibit 2. The claims information is not available at this time.

33. Are detailed claims / utilization reports available in reference to vision?

A. Exhibit 2 reflects a listing of the vision enrollment and claims by month for 9/1/2008-12/31/2011.

34. Will vision be stand alone, 100% voluntary, with no employer contribution?

A. Yes

35. Will the City consider other products and services not requested in the RFP?

A. The products and services that have been requested in this RFP will be the primary focus for the City at this time. If a vendor has a product that might be a value add as a part of their response to this RFP, the City is willing to review and consider.

36. Can you provide a report on accrued sick leave for existing employees?

A. Information available upon request for the Department of Human Resources Employee Benefits Department.

37. The RFP indicates that the General and Medical Questionnaire, must be

completed by all carriers and that if a question doesn't apply that "not applicable" should be indicated. We are only proposing voluntary products so do we still need to complete this questionnaire?

A. Many of the questions in the General and Medical Questionnaire are not applicable to a Dental, Vision, Life, PBM or other Voluntary product quotations; however, this section contains some questions that are pertinent to any contract that would be entered into with the City of Atlanta. If the question obviously does not pertain to your proposal coverage type, please indicate "not applicable". Since some vendors will be providing multiple coverage type quotations, please complete this section together with the section that is applicable to your coverage type even if some of the information is repetitive.

38. You note (generally) in the RFP that the City maintains a "dedicated customer service team". Does this mean that all key members of your account team (the account service lead, your call/claim lead and service team, etc -- are ONLY assigned to work on the City's account with no other clients? Please define further.

A. The City's request for a "dedicated customer service team" will not require a vendor to limit those teams to working only with the City. The goal is to have key designated functions and resources familiar and available to handle all issues and concerns involving the City's plan. Current vendors have dedicated customer service teams that are able to provide service to the City and other vendor clients.

39. Who is the City's current payroll vendor and will that vendor continue to be utilized for the active open enrollment as noted in the pre bid conference?

A. The City currently handles all payroll functions for active employees internally. There are two TPA's that process monthly pension payments for retirees in the General, Police and Fire Pension Boards. As it relates to the open enrollment process, the payroll function is limited to processing premium deductions once the new benefit plan year begins.

40. Are there any aspects of COBRA administration that are currently done in house at the City?

A. The City's Department of Human Resources handles the vast majority of the COBRA administration as it relates to plan administration and notification to both the COBRA participant and the contracted vendors.

41. Will the City guarantee that requested restricted information been protected from FIOA requests?

A. Assuming this question refers to the Freedom of Information Act (FOIA), the City will comply with FOIA requirements.

42. As per RFP specifications, SPDs are available and we would like to receive these.

A. The SPD's are available upon request from the City's Employee Benefits Division.

43. Claims experience is necessary in order to provide a quote. Is there limited data possibly available for consideration?

A. See Exhibit 2 of the RFP attachments.

44. Complete census including DOB, Gender, zip code and coverage tiering election is required. If file is incomplete, can the additional data fields be provided?

A. See Exhibit 1 of the RFP attachments.

45. Would the City of Atlanta like to receive a Medicare Surround quote with our Part D Rx offering? Medicare Surround is an Indemnity Medical

A. Not at this time.

46. We need to get clarification on what funding they are looking for on the dental and vision side. The current plans are a mix of ASO (CIGNA DPPO plans) and FI (Humana DPPO & DHMO plans as well as the vision is FI through OptumHealth), but in reading Section 1 heading on Exhibit 6 from the RFP, in Section 1 it appears as insured rates while Section 2 is for ASO). Is the desire to quote all plans where possible on an ASO basis? Here's the verbiage from that section:

47. "SECTION 1: Show any all inclusive Insured Rates if applicable to 11/1/2012-8/31/2013. Note self funded program quotes are preferred; however, please quote on an insured basis if applicable. If you are quoting both ways, self funded and insured, please provide two sets of Exhibits 6 and 7.

A. If you can provide both an insured and self-funded quote, please do so.

48. Is the City's intention to retain all dental plan options (3 DPPO and 1 DHMO) or possible consolidation or elimination of any plans?

A. The City prefers to receive quotations on all current benefit plans. Plan consolidation is possible following a review of quotations.

49. Please clarify the tiering shown on both Exhibit 6 and Exhibit 7 since it includes some very non-standard tiers like beneficiary child(ren), domestic partner, domestic partner & child, widow(er), and widow(er) beneficiary children. Confirm how are we supposed to respond on these? It looks like maybe they currently do some sort of back-end allocation for the purposes of setting contributions using these tiers because Exhibit 2 (which lists contribution rates by product) shows the same non-standard tiers for the vision plan (7 different tiers with 5 different rates), but the OptumHealth vision experience exhibit shows standard 4 tier rates at the top of the page, i.e. ee, ee + spouse, ee + child(ren), and ee + family. If we are going to be quoting any insured products for our quote, our standard tiers would include the ee and at most be on a 4 tier basis like the vision appears to be.

A. Please provide a quotation on the tier basis that you can offer. For instance, if you only provide a "single, family" tier structure, please provide those rates in all applicable enrollment categories reflected in Exhibits 6 and 7.

50. Please provide further clarification on how the City wants to see the data presented on both Exhibit 6 and Exhibit 7.
- A. It is intended for you to reflect the per employee per month rates in Exhibit 6, with Exhibit 7 to provide the development of the annual costs when applied to the enrollment by tier reflected in Exhibit 7.**
51. Exhibit 2 shows contributions by product, so we believe the rates listed are not the full rates but rather the contribution levels. Are the actual billed current rates (and possibly rate history) on the Humana plans available (we would like to receive if the intent is to quote matching or replacing the Humana plans).
- A. Exhibit 2 shows the 100% cost rates. Active employee contributions are based on 30% of the 100% cost rates. Retiree contribution percent varies depending on the date of hire and retirement date. The 100% cost rates are reflective of the premium rates for insured plans, and reflective of the estimated total expected cost for self-funded plans.**
52. The plan design info provided in the enrollment guides were very high level – if we are going to quote on the Humana plans, we will need to get the full schedule of benefits (including copays by procedure, E&Ls, etc) in order to move forward.
- A. The Humana SPDs reflect the patient copays by procedure.**
53. What are current self-care manual members are receiving?
- A. The medical and dental vendors provide members with wellness and preventive care materials along with product specific services that may be available to them through their enrollment with their plan.**
54. Is it one self-care manual per member or per household?
- A. Vendors typically only send one mailing per household.**
55. What is current wellness incentive plan?
- A. The current medical vendors offer financial incentives for completion of an HRA and additional incentives for participation in their wellness plans. City employees have the opportunity to take advantage of numerous discount programs for fitness centers, weight loss organizations and other vendors who offer services in the wellness field.**
56. What is current health assessment completion rate for Pos plan actemployees?
For HMO plan active employees? For pre-65 retirees?

A. The City's completion rate for both the POS and HMO plan for active employees is approximately 20%. The initial health assessment completion rate for pre-65 retirees is less than 5%.

57. What is the name of the City's Wellness Program?
A. No official name specifically for the City's Plan. Each vendor has a product name for their wellness initiative.
58. What type of onsite activities occur today with the current wellness program?
A. Preventive screenings and educational sessions, free health and fitness center, health fairs, monthly health and wellness educational seminars.
59. What is current wellness program participation for POS plan active employees?
For HMO plan active employees? For pre-65 retirees? For non-Medicare eligible retirees?
A. The current wellness program participation is approximately 30% for active employee and less than 10% for pre-65 retirees and non-Medicare eligible retirees. The City's current wellness initiatives primarily involves the active population and the retiree population wellness initiatives comes directly through the vendors.
60. There is a reference in the wellness questionnaire to "wellness for non-Medicare retiree". Can you define specifically if you are talking about post 65 retirees that don't have Medicare and/or pre-65/early retirees that are not eligible for Medicare yet?
A. The wellness initiative mentioned in the RFP applies to actives and any retiree who is not in the insured Medicare Advantage plan. There are retirees who are over age 65 but who do not have both Part A and Part B of Medicare. These should also be included in the wellness program.
61. Please note any specific fund that your current medical vendors are contributing annually to wellness efforts?
A. The City currently has a wellness fund established by the POS vendor for \$200,000.
62. Is the City of Atlanta open to voluntary benefits that are not guaranteed issue?
A. The City of Atlanta would prefer voluntary benefit products that are guaranteed issue, but it is not mandatory.
63. Is this question applicable if a commission is payable on all in force policies?
A. Commissions or finder's fees are not payable under the contract effective on 11/1/2012.
64. P4 article D. Life. Your life insurance proposal should assume the current level of benefits. What should be under this line?

A. There are no lines missing. The employee enrollment guides show the current level of life insurance benefits. Please assume that there will be no change in the current benefit levels offered for life insurance coverage.

65. Does the mean that the city is doing away with short-term disability?

A. The City is looking for an insurance company to assist in strategizing a new insured group short-term disability benefit that will complement, or partially replace the current sick leave and pension disability benefits. The benefit design of the new STD benefit program will be created following the selection of a carrier who has shown that they are willing and able to assist in the development of such a "complementing" plan design. The City wishes to explore the possibility of offering a "group" basis contract for voluntary short-term disability benefits to be effective sometime between September 1, 2012 and January 1, 2013 depending on the timing of finalization of benefit design strategy. A voluntary short-term disability benefit offering may not be provided through payroll deduction during the period prior to December 31, 2012.

71. P12 article 10. Geo Access Reports - Label attachments as shown below.

Network accessibility summary reports should summarize employees with zip codes within the state of Georgia, employees with zip codes outside of the State of Georgia and all employees's zip codes GeoAccess Report attachments: Is it necessary to label this if the proponent is not offering Health, Dental, or Vision

A. Geo Access Report is only needed if the vendor is quoting on a benefit plan design that includes an in-network provider network component.

66. P12. Articles 11-15 11.CPT Code Analysis (Exhibit 4) and Displacement Analysis (Exhibit 5). 12. Provide a sample ID card.

A. CPT Code Analysis, Displacement Analysis and ID Card samples are only needed if the vendor is quoting on a benefit plan design that includes an in-network provider network component.

67. 13. Copy of your standard for fully-insured (FI) and self-insured (SI) reporting package. 14. Sample customized Ad Hoc report. 15. Insurer/PBM/TPA References. Is it necessary to respond to these if the proponent is offering supplement life and ancillary health benefits? If so, what is CPT Code Analysis, Displacement Analysis, full-insured reporting package, self-insured reporting package, Ad Hoc report, PBM references, and TPA references? Are insurer references necessary when the proponent is the insurer?

A. Voluntary product coverage proposals such as for Accident, Hospital Indemnity and Critical Illness should include their fully insured standard reporting package, Ad Hoc report and references. A CPT Code Analysis and Displacement Analysis are not applicable unless a vendor is proposing an in-network provider component to the coverages.

68. P13 article Volume II D. 7. At least two bank or other institutional lender references; Is this necessary for responding to the RFP for ancillary benefits?
A. Yes
69. P35 article 8. No more than 1% of calls received a busy signal during 2010. How is a proponent expected to verify this?
A. Some phone systems can track and monitor this type of activity.
70. P168 article B. 1. Do you have the ability to administer an FSA for dependent care and medical savings accounts? Our firm outsources the administration of section 125 and FSA for clients. Is that applicable here?
A. Yes
71. P194 article A.1. Please complete the following information: Operational Date
What do you consider to be the operational date?
A. The date that the insurance company began doing business, collecting premium and providing benefit coverage.
72. In regards to the dental plan offering, is the City looking for one carrier for all lines of dental coverage or is the City willing to continue to split between carriers?
A. The City will make that determination upon review of quotations.
73. Do we need to provide a plan design or comparable plan for all lines of dental coverage, or just those we are quoting?
A. The City prefers quotations for the current plan designs, or the plan design that is most similar to the current offerings. A vendor need not offer all current plan designs.
74. Is it mandatory to offer a dental DMO, or something comparable? Are you in compliance with the RFP if you only offer Dental PPO Plans?
A. A vendor may provide only Dental PPO plan quotations, or only DHMO plan quotations, or both Dental PPOs and DHMO plans quotations.
75. Will the City be providing a claims/premium report by month for the entirety of the dental Cigna PPO contract?

A. The CIGNA dental plan is self-funded. Exhibit 2 provides a recap of the monthly claims for both the High and Low CIGNA dental plans.

76. Can the City provide rate history for the current dental plan offerings?
A. Exhibit 2 provides the estimated total cost of the CIGNA self funded dental plan and the insured rates for the Humana dental plans.
77. Please confirm, as indicated in the Questionnaire and Proposal Submission Checklist, that we are only to provide Medicare Advantage responses to questions in Section I that specifically address Medicare Advantage.
A. Please make a good faith effort to be responsive and respond to all questions in the General and Medical Questionnaire that could possibly relate to any insured benefit plan offering, even if the question does not specifically state that the question pertains to a Medicare Advantage Plan.
78. Per 3.5 B. of the Scope of Services, "A response to a narrative question should not be more than two to three paragraphs long." Some of our responses will need to be longer than three paragraphs in order to describe particular program features. Would it be OK to have the entire response within the body of the questionnaire, or would we need to include a separate document with the longer responses under Attachment 20?
A. If your response is longer than 3 paragraphs, you may include the longer responses under Attachment 20. Please be sure to include the RFP Section reference, and question number on any of the responses that are included in Attachment 20.
79. Please confirm, as indicated in the Questionnaire and Proposal Submission Checklist, that we are only to provide Medicare Advantage responses to questions in Section I that specifically address Medicare Advantage.
A. Please make a good faith effort to be responsive and respond to all questions in the General and Medical Questionnaire that could possibly relate to any insured benefit plan offering, even if the question does not specifically state that the question pertains to a Medicare Advantage Plan.
80. The census volume and lives for Retiree life do not match with the Billing Statement provided in the RFP, please explain the discrepancy. The census is showing 5,705 Retirees and a total volume of 28,117,750 versus the billing statement, which shows 3,816 lives and 19,030,000 for volume.
A. The census shows 4,929 retirees and surviving spouses with a combined volume of 28,117,750, compared to the billing statement showing 4,937 retirees and surviving spouses with a combined volume of 28,206,650.

81. Please confirm if the new carrier would be responsible for taking on disableds. If so, please provide a list of disableds including gender, date of birth, coverage amount(s), date and nature of disability. Please also explain when these amounts reduce and/or terminate.
A. The current life carrier has advised that there currently are no persons who have been approved for the waiver of premium benefit.
82. If possible, please provide a census with job titles? If not, does the current census include police and firemen?
A. Employees included in the census include all City of Atlanta employees who have a benefit through the City, including police, fire, corrections and general employees.
83. Are the Survivor Spouse Benefit claims and premium included in the experience? If not, please provide it in a separate experience exhibit.
A. Yes. See Exhibit 2.
84. Please provide detailed claim history.
A. See Exhibit 2
85. Is the Repatriation benefit included with the AD&D coverage or is it a separate benefit?
A. The repatriation benefit is included with the Life coverage. See the Life Insurance SPD available from the City's Employee Benefit Division.
86. Is waiver of premium included on both Basic and Supplemental coverages?
A. The waiver of premium benefit applies to Basic and Supplemental coverages. See the Life Insurance SPD.
87. Is there a reduction schedule for coverages today?
A. The Life Insurance SPD does not reflect an age reduction schedule. Please provide a quotation assuming no age reductions are applicable.
88. When does the retiree coverage terminate. Does the coverage reduce?
A. A retiree who elects to continue Life coverage may do so by making the appropriate contributions. The retiree benefits coverage amounts range from \$5,000 to \$10,000 depending on hire and retirement dates as in the current eligibility rules. Please provide a quotation assuming no age reductions. See the Life Insurance SPD and the Retiree Enrollment Guide (Exhibit 8).

89. Is the basic life plan mandatory for employees? If not, please confirm if the active census provided contains all eligible employees or only those currently participating. In order to price the plan appropriately, we would need a census that provides all eligible employees whether participating or not so that we can make an accurate assessment of current plan participation in our pricing.
- A. There is no mandatory requirement for participation in the basic life insurance plan. The active census provided contains the eligible employees who may be participating in one or more of the City's insurance plan. The current estimated number of active employees is approximately 7,100 employees with approximately 90% participating in the City's life insurance plan.**
90. Have there been any significant plan design changes within the past 3 years (i.e. change in benefit schedules, acquisitions, mergers).
- A. See Exhibit 8, the Employee Enrollment Guide for a recap of the benefit changes on 9/1/2011.**
91. Is there a termination age for the Spouse Survivor Benefit?
- A. No**
92. How long does a Spouse have to elect the Spouse Survivor Benefit?
- A. 60 days following the death of the employee**
93. Will the plan be self-administered (employer maintains employee records; self-bills)?
- A. Yes**
94. Is the contract non-participating (fully-funded/insured)?
- A. Yes-nonparticipating**
95. How long has the plan been with Greater Georgia Life?
- A. The Greater Georgia Life insurance contract became effective 9/1/09.**
96. Concerning RFP FC-6016, one of the plans the City is requesting is a group short-term disability plan. Will the City only consider a group short-term disability plan or can a carrier submit an individual short-term disability plan for consideration as well?
- A. Group short-term disability plan quotations are requested.**
97. Is the City going to provide a file of all the dentists utilized by City of Atlanta enrollees on the Cigna PPO plan so that network penetration can be compared among carriers?
- A. A displacement analysis not being requested at this time for the dental benefit.**

98. Can this file also contain amount of claims paid to each dentist and include the dentists' tax ID #
A. A displacement analysis not being requested at this time for the dental benefit.
99. What was the percentage of network claims under the Cigna PPO plan compared to total claims. for the most recent 12 months available?
A. The percent of in network claims for the CIGNA PPO dental plan is not available at this time.
100. Please provide complete copay schedules for the Humana Dental Access and the Pre Select plan
A. The Humana SPDs reflect the patient copays by procedure.
101. Please confirm that the PPO plan is to remain self funded and the Access Plan and PreSelect are to remain insured?
A. Carriers should submit a self-funded quotation as well as an insured quotation if possible.
102. Will the employer contribution percentage remain the same?
A. The current contribution percentage are slated to remain the same for the upcoming benefit plan year.
103. Is the City logo that is requested to be on the ID card in color or is black and white acceptable?
A. This is not a mandatory requirement for the ID card. (optional)
104. Who currently administers COBRA on the dental plans?
A. The City's Employee Benefit Division
105. Please provide the Cigna PPO claims broken out by High and Low plan with monthly enrollment
A. See Exhibit 2.
106. Are dependents covered to age 26, including students on the 4 dental plans?
A. Yes
107. Please confirm that the Humana Pre Select dental plan is the CS-150?
A. Confirmed. Also referred to as the DHMO plan.

108. In order to provide appropriate pricing, Express Scripts needs the most recent 12 months of detailed claim data (or summarized data) by claim count, brand/generic classification, and retail/mail channel.

How many Medicare participants does the City of Atlanta currently provide benefits to that will not be included in your Medicare Advantage plan? For the retirees that the City of Atlanta wants us to cover, are you interested in RDS or any other programs?

A. Exhibit 7 reflects summarized claims counts and AWP by retail, mail generic and brand for 9/1/2010-8/31/2011. Note that the number of employees on whom this data is applicable includes actives and retirees combined. The total count of enrollment for this claim period is 3719 Active employees or 8604 active members including active dependent counts, and 2110 retired employees or 3507 retired members including retired member dependent counts. The Exhibit only makes reference to the actives enrollment counts. Please note the reference herein to the applicable retiree counts as well.

Retirees who have both Part A and Part B must enroll in a Medicare Advantage plan. The number of retirees who have only either Part A or Part B who do not participate in a Medicare Advantage plan, and for whom a Part D subsidy is requested is not available for the BCBS POS plan or for the Kaiser HMO plan. The City is interested in a PBM quotation to include assistance with Part D filing as requested in the PBM questionnaire, but is not requesting quotations for other related programs at this time.

109. What current clinical PBM programs (Step Therapy, Prior Authorization, Drug Quantity Management) are currently provided? Are there any specific clinical programs that the City of Atlanta is currently interested in?

A. The current contract with BCBS POS includes the following clinical/and DUR programs: Concurrent DUR, Retrospective DUR, Clinical Review, Administrative override (i.e. vacation, lost, stolen or spilled medications).

110. What is the current participation in the pharmacy-related FSA? Does the City of Atlanta have any assumptions around HSA should you decide to implement such a program?

A. The census in Exhibit 1 reflects 107 active employees who have elected the Flexible Spending Account for Health. A plan design for a CDHP or an employer funded HSA has not yet been determined.

111. Are the current FSA fees from Aflac offset by commissions on voluntary product sales? If they are, is the City of Atlanta prepared to fund a standalone FSA fee structure?

A. There is no current FSA fee. The City is prepared to fund a standalone FSA fee structure if necessary.

112. How is enrollment data captured today? What is the timeframe in which enrollment is processed and sent to each vendor?

A. Enrollment data is captured during the open enrollment period for existing employees and during the on-boarding process for new employees. Plan participation enrollment is not allowed outside of those time periods.

113. Does the item referenced, Item 2, Performance Standards, apply to the Voluntary benefit submission? If so, is the expectation that the insurer self monitor to determine if the standards have been met?

A. Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please so state in Attachment #18. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or it's designee.

114. Please describe the enrollment process the City expects to occur for the voluntary products.

A. The enrollment process for voluntary products will occur during open enrollment for existing employees and during the new the on-boarding process for new employees. The City does not offer voluntary products to retirees.

115. Does the City expect all carriers to include representative(s) or broker with the proposal? Would the City be agreeable to working with the carrier to determining which representative or broker should be involved in the project implementation?

A. All Carriers responding back on the RFP are encouraged to include all representative (s) or broker that they feel will help them to provide the highest level of service should they be selected. During the project implementation phase, all selected vendors will be expected to work with the City to complete project implementation within the agreed upon schedule. Note that commissions or finder's fees are not payable under the contract effective on 11/1/2012.

116. If we are planning to use multiply companies for the volunteer benefits, do we have to fill out the forms for each one? No company has all the best products and all the best prices. We offer several choose for each volunteer product. This way we can be non-bias when offering these benefits. It is a much better way to give the employees the best possible product, but makes it very difficult to put it in an RFP. All of these products would be deducted form one payroll slot.

A. The City is seeking the best potential benefit design from vendor's interested in partnering with the City for its insurance products. If there are subprime contracts associated with your overall proposal, Procurement guidelines require that they each be listed separately.

117. Please confirm or clarify that item number 2 under services requested for RFP is looking for a stand alone PBM. Meaning this is a separate item so if your company is not providing a stand alone PBM you don't have to respond to it. It's not a requirement of item 1

correct? The RFP is asking for a CDHP plan. Do you have the plan design that the City is looking for ie: Deductible, coinsurance etc for CDHP?

A. Please complete the pharmacy questionnaire if you are providing a self-funded pharmacy quotation, whether it is a Medical plus pharmacy quotation or a pharmacy only quotation. If you are providing a Medical plus pharmacy quotation, please also provide a Medical only quotation if possible. A plan design for a CDHP or an employer funded HSA has not yet been determined.

118. The RFP indicates: *In the "Rx Pricing" worksheet, you will quote a Transparent pricing offer on a post-AWP rollback basis, with a full pass through of network discounts and fees and total rebates.* Does the City intend to receive a pass-through discount guarantee on only retail prescriptions, or also for mail service prescriptions?

A. Please quote a pass-through discount on retail and mail services prescriptions.

119. Second, will the City entertain a traditional pharmacy financial offer, or do you only wish to receive offers on a pass through basis?

A. The City is interested in a pass through basis, however, if you are also providing a medical quotation and are only able to provide a traditional quotation: a. Please provide a Medical Only quotation, and b. Please provide a traditional quotation, and c. Please provide a Medical plus traditional drug quotation.

If you are able to provide a pass through quotation, please provide a., b. and c. on the basis of a pass through quotation.

120. Can the City provide 12 months of recent pharmacy claim data to include the following minimum fields: date of dispensing; drug NDC, days supply; quantity; RX number; mail or retail indicator; pharmacy NABP/NPI? This will be critical in our ability to propose our most competitive offer.

A. Exhibit 7 reflects summarized claims counts and AWP by retail, mail generic and brand for 9/1/2010-8/31/2011. The claim by claim history is not available at this time.

121. Does the City intend to award pharmacy to a single vendor?

A. This will be determined upon a review of quotations.

122. If an integrated Medical and Rx quote is provided, does the Pharmacy questionnaire still need to be completed?

A. Please complete the pharmacy questionnaire if you are providing a self-funded pharmacy quotation, whether it is a Medical plus pharmacy quotation or a pharmacy only quotation. If you are providing a Medical plus pharmacy quotation, please also provide a Medical only quotation if possible.

123. Is a dedicated Atlanta service team a requirement? Who is required to be dedicated?

A. The City's request for a "dedicated customer service team" will not require a vendor to limit those teams to working specifically with the City. The goal is to have key designated functions and resources familiar and available to handle all issues and concerns involving the City's plan. Current vendors have dedicated customer service teams that are able to provide service to the City and other vendor clients.

124. Is a dedicated or designated member service unit required?

A. The City's request for a "dedicated customer service team" will not require a vendor to limit those teams to only providing service on the City's account.

125. Are deviations to the City's benefit design allowed?

A. The City prefers quotations for the current plan designs, or the plan design that is most similar to the current offerings.

126. Are deviations to the Performance Standards allowed?

A. The current performance standards are common in the industry, if a vendor has some deviations that could potentially enhance the product offering of the City and reduce financial liability, and then the City would consider those deviations, any other changes outside of this scope will probably not be considered.

127. Section 3.5, section C, Question 12 asks to complete Exhibit 10A and 10B. We have only received Exhibit 10A.

A. Section C listed attachments included Attachment 10B, which is to be completed using Exhibit 5, for a network medical plan displacement analysis. Please contact the City's Employee Benefits Division in order to obtain this Exhibit if you did not receive Exhibit 5.

128. Is the provider directory requested in the excel format only? Can we provide the directory on CD only and not in hardcopy?

A. To clarify this requirement, please provide the Provider Directory to the City in both a hard copy, and on a CD in a machine-readable format.

129. Attachment #18 - exceptions to the RFP - is this document to include all exceptions to the RFP? i.e. plan design exceptions, legal exceptions, scope of services, etc?

A. Yes

130. Can we please obtain a copy of Exhibit C, Authorizing Legislation and Exhibit D, City Security Policies? Are these required to be part of our final contract?

A. The Authorizing Legislation process is actually completed by Administration and submitted to City Council for approval of vendor selection and insurance premiums to the upcoming benefit plan year. The City's Security Policies are available from Procurement.

131. Should the City decide to change medical carriers, is there an opportunity to transfer biometric screening and health risk assessment information?
A. The City would need to request this information from the current vendors. Currently unavailable
132. Can you please provide more detail and clarification around the enrollment and production materials partnership with Smith Communications?
A. Smith Communication will play a key role in the development of educational material and printed material that will be distributed to employees and retirees. Smith Communication will also assist with the open enrollment process as it relates to member use of the City's Oracle Self-Service System for benefit selection during Open Enrollment..
133. In regards to the CPT Exhibit, would you prefer to complete the exhibit using office fees only or a combination of office and non-office fees, where applicable?
A. Please provide the professional component for services such as radiology where there is both a professional and technical component.
134. Please provide a high cost claimant file broken out by Actives and non-Medicare Retirees.
A. High dollar claims for the BCBS POS plan and the Kaiser HMO plan are listed in Exhibit 2 and are not broken down by Active and non-Medicare retiree.
135. On Exhibit 5 – Displacement file, what time period does the reported information represent?
A. The last benefit plan year September 1, 2010 through August 31, 2011
136. Will the City accept a fully insured Medicare Part B-only proposal or a self-funded Medicare Part B-only proposal?
A. Yes
137. Please send in the following:
- a. Certificates for all lines of Life coverage
 - b. Retiree census which includes actual benefit amount for grandfathered retirees
 - c. Can the City provide experience prior to 9/1/2009?
 - d. Listing of open PW claims to include face amount and incurral date

e. Claim detail listing

A. (a) The Life Insurance SPD is available upon request to the City's Employee Benefits Division (b) Exhibit 1 includes the Retiree life amounts for grandfathered retirees. (c) Experience prior to 9/1/2009 is not available at this time. (d) There have been no waiver of premium claims under the current life contract (e) A detailed claim listing is not available at this time.

138. Please confirm there is no Supplemental AD&D

A. Confirmed

Would the City agree to age-graded Supplemental Life rates?

A. This would be a different rate structure than what is currently in place. Rates would have to be submitted for review and consideration.

139. Is the Basic Life plan mandatory?

A. No

140. Does the City currently have portability on the Basic Life?

A. Employee terminating with the City can obtain portability coverage through the current vendor.

141. Does the City intend to use AFLAC for STD going forward or will they drop it once they offer their own Voluntary STD plan?

A. The City prefers to have only one payroll deduction based individual voluntary benefit carrier for coverage's such as Hospital Indemnity, Accident and Critical Illness. Quotations for individual STD policies are not requested at this time. Proposals are requested for a Group basis STD benefit.

142. To match current plans as closely as possible are there Medicare Summary Plan Documents (SPD)s available (to include Rx)? This will help verify benefits and how drugs are handled through the gap as well as limits on hospital or skilled nursing facilities (typically a max of 100 days). Current benefit overview provided in RFP is not all inclusive.

A. The BCBS and Kaiser Medicare Advantage summary of plans are available upon request from the City's Employee Benefits Division.

143. Is there updated claims experience: INCURRED through calendar year 2011 and PAID through February 29, 2012?

A. This information is currently unavailable.

144. Does Medicare claims experience include any non-Medicare dependent claims?

A. No

145. Does the City of Atlanta have an online enrollment or benefit administration platform to submit new enrollees?
A. Yes, the City used the Oracle Benefit Module for benefit administration along with the Self Service functions.
146. Is the City happy with the current platform that is being used?
A. The City's current platform is relatively new and appears to be meeting all requirements.
147. How is the City of Atlanta currently conducting Open Enrollment for worksite benefits? Perpetual?
A. The Open Enrollment process for all active and retired employees will be considered an active enrollment under the City's Oracle Benefit Module System. Employees/Retirees will have an opportunity to complete the enrollment process online through a self-service module.
148. Is the City of Atlanta interested in doing a dependent audit?
A. The City's Auditor will be seeking potential vendors to conduct a dependent audit potentially during the Fall.

FC-6016, EMPLOYEE BENEFITS

SET II: QUESTIONS & ANSWERS

QUESTION & ANSWERS – SET II

1. In regard to the Attachments, can we double side, single space the printed copies. This will help with the size of the submitted proposals.

Answer: Submit your proposal in three-ring binders on 8.5 x 11 portrait paper (with the exception of forms that landscape) in 12 point Times New Roman font. The text can be single-spaced but it cannot be double sided. Pagination and your company name on each page is very helpful for the evaluators, but the City understand if this cannot be accomplished throughout the document, but we ask that you do your best given the time-constraints.

2. On page 8 there are 3 paragraphs of information requested in the executive summary then on page 12 in Attachment A it gives a different description of the Executive Summary. Can we adhere to the Attachment A, page 12 description?

Answer: No. Please adhere to the instructions in Part 2; Pages 8 and 9.

3. Section 12 of the Network management section requests for us to include Hospitals/Physicians/Specialists/and retail pharmacy for Medicare advantage. The template includes number and percent meeting access, but does not specify if the response should be compound meaning that for the zip code to "meet" access standard both hospital/physicians/and specialists must meet. Please confirm if this is your intent, or should we break out by hospital, physician and specialist?

Answer: Please provide an overall result indicating the number and percent of employees/retirees that meet the combined access standards for hospital, physician and specialist (and retail pharmacy for Medicare Advantage).

4. Can you confirm if Exhibit E will need to be replied to and returned with this proposal bid? If so, please advise of which Volume to include this in upon return.

Answer: No

5. Is there a new timeline for this RFP outlining the finalist selection, finalist date, award notification date and implementation to start?

Answer: Yes, these items will be discussed in detail with the finalist during Oral Interviews.

6. As per the pre-bid instruction, the binder quantity will remain the same for this solicitation which is 1 original and 10 copies of each?

Answer: Yes, 1 original and 10 copies.

7. All contractors and subcontractors need to have a Supplier Number. Can you provide the contact person's name, telephone and email for anyone needing assistance to contact?

Answer: You can register online – self-service, but should you need assistance you may contact Seana Nash. She may be reached at snash@atlantaga.gov or at 404.330.6203.

8. Can you advise which groups of Active employees and Retirees are to be covered under the Stop Loss proposal?

Answer: The Stop Loss proposal should include all Active Employees and Retirees that will be covered under the City's Self-Funded Plan.

9. Please tell us the intent behind Exhibit 11. Can you confirm that if we are offering a narrow network HMO, that we are to only provide the fees for those providers that are in our network?

Answer: The intent behind Exhibit 11 (with responses to be reflected in I. General and Medical Questionnaire, Section Q. Other, number 9) is to allow proponents an opportunity to provide the City with a re-pricing structure based on actual City claims information and provider utilization. For the repricing, please reflect charges for providers who are not in your network as having no discounts. For charges from providers who are in your network, please reflect the total amount of non-discounted charges as well as the amount of the charges as would be repriced in your network.

10. Please clarify where Form 7 (list of clients) is to be located. Page 6 indicates it should go in Volume 1, Page 7 indicates it should go in Volume 2.

Answer: Please place Form 7 in Volume II in numerical order (behind Form 6).

11. Per page 12 of the Scope of Services, "A response to a narrative question should not be more than two to three paragraphs long." Some of our responses will need to be longer than three paragraphs in order to describe particular program features. Would it be OK to have the entire response within the body of the questionnaire, or would we need to include a separate document with the longer responses under Attachment 20?

Answer: If your response is longer than 3 paragraphs, you may include the longer responses under Attachment 20. Please be sure to include the RFP Section referenced and question number of the responses that will be included under Attachment 20.

12. As for the Provider Directories (Attachment 8) – if we are proposing multiple product lines could we include all on a single CD titled "Attachment 8 – Provider Directories?" Or would the City prefer one CD for medical providers, one CD for dental providers, etc.?

Answer: The City would prefer that you provide separate Provider Directories by product.

13. Would the City like one original and three copies of the Cost proposal or one original and 10 copies?

Answer: One (1) original and ten (10) copies

14. Would the City like us to comment on/redline the sample contract provided in the RFP or provide a copy of our current contract with the City?

Answer: The final contract will be negotiated between the City and Awardee(s). There is no need to redline the Master Professional Service Agreement. Proponents should include a copy of their standard draft agreement.

15. Should the following sections be located under Attachment 20 of Volume I, or subsections of Volume I Section A after the Executive Summary?

- a. Organizational Structure
- b. Resumes of Key Personnel
- c. Overall Experience, Qualifications, and Performance on Previous Similar Projects
- d. Management Plan

Answer: These items should be placed in Volume I with a tab at the beginning of each section.

16. As the effective date is now November 1, would the City still like the annual benefit plan review to occur in mid-November (Pharmacy PBM questionnaire, Q35, page 121)?

Answer: Yes. The first plan year will be the 10 month period 11/1/2012 – 8/30/2013. Subsequent plan years will be 9/1 – 8/30.

17. For 2012-2013 plan year, is the city requesting an open access POS or gatekeeper POS plan?

Answer: The City currently offers a gatekeeper POS Plan and would like to keep that option in place for 2012 -2013.

18. Does the City allow offshoring of any functions (claims processing, customer service, etc.)?

Answer: The City of Atlanta is requiring 100% of all business functions that involves direct contact with employees, dependents, and retirees or the transmission/storage of HIPPA-protected information would have to be performed in the United States. It is not the City of Atlanta intention to mandate or regulate vendor's offshore business functions for other services or contractual relationships.

19. In the RFP submission, may the carrier request certain information be restricted from public release?

ANSWER: Yes.

20. The Census only included the actual retiree count and did not include eligible spouses – can we get one that includes eligible spouse info as well? Also there appears to be a disconnect – the census shows 1300 (approx.) in BCBS MA plan but the enrollment/experience shows over 1600 enrolled – are the additional people the spouses? Can the City confirm this?

Answer: Confirmed- the additional members (300) is actually the spouse of retiree (2) Medicare. The 1300 (membership) is the COA subscriber. (Retiree).

21. We would like to see a Retiree Medicare certificate of coverage. We would like to be able to determine the total scope of benefits.

Answer: Retiree Medicare Certificate of Coverage available upon request for Employee Benefit Division

22. Can we get updated claims Retiree claims experience?

Answer: The information is currently not available

23. Retiree pharmacy claims – are they net of any rebates during the coverage gap?

Answer: No

24. Can we get the Retiree total premium rate, including the CMS subsidy?

Answer: Total Retiree premium is listed in the Retiree Enrollment Guide- CMS wrap subsidy is included with the premium

25. For the signature section on Forms 1 – 7, are we required to have the Corporate Secretary sign? Or is the corporate seal sufficient?

Answer: Corporate Secretary's signature and corporate seals are required.

26. For the signature section on Form 1 – 7, if we are submitting our proposal as a corporation, what should be included in the "Non-Corporate Proponent" section?

Answer: If you are a corporation, you will complete the section for Corporate and the "Non-Corporate Proponent" section will be blank.

27. If a corporate seal is not required by law in the state where we are incorporated nor by our Board of Directors, How can we be responsive and comply with this requirement of the RFP?

Answer: In substitution of this requirement, the City would prefer a copy of the corporate board's resolution addressing their affirmative decision to have (or not have) a corporate seal. In the event that they don't have one, the notarized

statement of the assistant secretary is minimally sufficient for the purpose of submitting a proposal.

28. Can an All-Purpose Acknowledgment Form be used in substitute of any form being sealed and/or notarized?

Answer: No. All forms must be notarized and/or sealed on the actual forms.

29. Please confirm the total number of lines that should be included in the Re-pricing file. The file currently shows 65,535 total lines. Is this the correct number? If not, will the City provide an updated file?

Answer: The total number of lines in the Jump Drive for Exhibit 11 is 224K. If you show only 65K number of lines when you open that file, it may be due to using a version of Excel earlier than 2007. Please use a version of Excel of 2007 or later to view the entire file.

30. For Appendix C; Georgia Illegal Immigration Enforcement and Reform Act Requirements: Can you confirm that the Subcontractor affidavits are not required at the time of proposal/bid submission?

Answer: The City will execute an Agreement with the Contractor only; therefore the Contractor Affidavit is solely required. The Subcontractor and Sub-Subcontractor Affidavits are not required submittals, but should be collected from your subs and maintained in the Contractor's files.

31. On page 14 of the RFP PDF document, there are 2 different requirements for the number of Cost Proposal Submissions Required. Item 3.3 states that the City would like 1 Original and 3 Copies of the Cost Proposal. Just below under the submission requirements, item 1.3, the City requests 1 Original and 10 Copies of the Cost Proposal. Please confirm how many copies of the Cost Proposal the City is seeking.

Answer: One Original and ten copies of the Cost proposals are required.

32. Does the City want tabs by section, or tabs by document for the proposal response?

Answer: All required submittals and sections should be tabbed.

33. Is the cover letter part of the executive summary?

Answer: Yes

34. If a criteria is covered in cover letter does it need to be restated in the executive summary?

Answer: The Cover Letter is a part of the Executive Summary.

35. Who are the current incumbent for both medical and Rx?

Answer: The Medical and Rx plans are currently combined. The incumbents are Kaiser HMO-(fully insured), Blue Cross Blue Shield POS-(self-funded)

36. What is current contract end date?

Answer: October 31, 2012

37. Which department handles employee benefits?

Answer: The Department of Human Resources- Employee Benefits Division

38. Who is main contact?

Answer: Wendell A. M. Bryant, Contracting Officer, is the ONLY contact for this RFP.

39. How many employees are currently covered under the plan?

Answer: Approximately 7,100 Active Employees and 5,000 Retirees and their dependents.

40. Please explain the First Source Jobs. If we already have an experienced local staff in place, how does this pertain to insurance? Will not using them count against the carrier's response?

Answer: You must use the Atlanta Workforce Development First Source Jobs Program when/where it is required. It is part of the Atlanta City Code for all awardees of City Contracts when applicable. Please see Appendix A for more information.

41. Can we receive the bid in a Word document?

Answer: No

42. What are the dentist access standards to be used for the dental geo-access report?

Answer: Section V. Group Voluntary Dental, B. Plan Administration, question 16 lists the access standards as two (2) dentist providers within 8 miles.

43. Please confirm that the initial contract period will be November 1, 2012 through August 31, 2013 (10 months). Further, will the group renew September 1, 2013 and every September thereafter?

Answer: Yes, after the first ten-month term, the contract will be renewable for 2 one-year terms.

44. Please confirm that the dental benefits will be processed using on calendar year basis instead of 12 months?

Answer: The dental benefits plan year will be for a 10 months period (November through August) first year and 12 month period for the two preceding years (September through August)

45. Please provide a list of the forms that require the Corporate Seal?

Answer: Each form that requires a corporate seal is noted VERY clearly at the bottom of each form.

46. The dental claims provided in the RFP are through January 1, 2012; will you be providing any updated dental claims data?

Answer: No

47. Will you be providing an updated census zip- code file?

Answer: No

48. What information is required in the letter from our bank regarding our financial stability?

Answer: The letter from your financial institution should reference your overall financial condition, value of available credit, and any recent developments regarding your financial status.

49. Is the Proposal Guarantee (5% of total cost of proposal required at the time of RFP submission to the City or upon award of contract?

Answer: The Proposal Guarantee is due when your proposals are due.

50. Does the 5% proposal guarantee applicable on voluntary benefits that are not guaranteed issue? If so, how may it be calculated?

Answer: No.

51. What is a proposal guarantee?

Answer: 5% of Proponent's annual proposal price to be charged to the City – not including payments collected by the City from employees for the benefit.

52. Will the City be providing a detailed dentist provider file for 2011 dental visits for that dental carriers can provide a provider disruption analysis?

Answer: This information is not available at this time

53. What are the dental renewal rates effective September 2012 or November 2012?

Answer: The City does not understand the nature of this question. The dental rates for the time period listed will be determined by the selected vendor(s) for this RFP and the City. The current dental rates will be extended for two additional months and will terminate on October 31, 2012.

54. The RFP states that there is a Form 8: S.A.V.E. must be submitted on the top of Volume I of the proposal at the time of the submission. Then it is later stated that this form shall be included in Volume II... which is correct or are both correct? Are the Illegal Immigration Reform and Enforcement Act documents the same as Form 8?

Answer: The S.A.V.E. Form and all other forms should be included in Volume II. The Illegal Immigration Reform and Enforcement Act form is not the same as Form 8 (S.A.V.E.).

55. Does the city's questions have to precede the response/answer or just referencing the question number?

Answer: In order for clarity of your response, you should precede your response/answer with the question number and question spelled out.

56. Is the amount of each of the performance and payment bonds the same as the "maximum payment amount" as set forth in Section 1.2 of the proposed Master Professional Services Agreement in the RFP? Is the "maximum payment amount" also the same as the "penal sum" set forth in the draft payment and performance bonds in Appendix B?

Answer: Yes

57. is any additional medical experience available?

Answer: No

58. Is any additional large claim information available?

Answer: No

59. Can you please define "professional liability" insurance coverage in the context of this RFP?

Answer: The professional liability insurance or its equivalent will address the consultants professional services associated with the scope of work. The policy will need to address professional errors, negligent acts, or omissions during the course of the practice of his/her craft.

60. However, section **3.5 Proposal Format** (specifically VOLUME 1 -- C. Attachments on pgs. 12-13) states:

- a. Label as Attachment #1A
- b. Label as Attachment #1B
- c. Label as Attachment #2
- d. Etc. .

Answer: Please delete the requirements Executive Summary, Annual Report (Attachment 2), Audited Financial Statements (Attachment 3) as stated in Exhibit A, "Services and Additional Compensation Terms. This information is requested in Part 2 ("Contents of Proposals/Required Submittals"; please adhere to the instructions in Part 2 for these items. The Executive Summary should be provided in Volume I. All financial information should be included in Volume II.

61. Do you have an example Table of Contents that clarifies the City's preferred format for how the contents (e.g., tabs, copies, forms, etc.) should be identified/labeled? Please clarify which labeling convention should be followed: a) **Volume I (Printed submission)** Tabs -- Should the tabs be labeled with Section Number and then 3.1.1.1. or Attachment #1A, #1B, etc? b) **Volume II (Printed submission)** Tabs -- Is the name of the form acceptable on the tabs (e.g., Form 1: Proponent Contact Directory, Form 2: Proponent Financial Statements and Other Financial Information, etc.)? c) **Electronic files provided on the CDs** - What is the City's preferred format for the label on each electronic file (e.g., Name of Form, 3.1.1.1. or Attachment #1A, #1B, etc?

Answer: The following format in responding to FC-6016, Employee Benefits:

Binder: Volume I (Informational Proposal) should include the following TABBED sections with one (1) Original and ten (10) copies:

- Executive Summary;
- Organizational Structure;
- Resumes of Key Personnel
- Overall Experience, Qualifications, and Performance on Previous Project;
- Management Plan; and
- Include any requested exhibits and/or attachments requested in Exhibit A (Scope of Services) with the exception of financial information.

Binder: Volume II (Required Submittals) should include the following TABBED sections with one (1) original and three (10) copies:

- Form 1; Proponent Contact Directory;
- Form 2; Proponent Financial Statements and Other Financial Information;
- Form 3; Disclosure Form and Questionnaire;
- Form 4; Acknowledgment of Insurance and Bonding Requirements;
- Form 5; Proof of Insurance Coverage and Bonding Capacity;
- Form 6; Acknowledgment of Addenda;
- Form 7; List of Clients;
- Form 8: Systematic Alien Verification of Entitlements (S.A.V.E.) from Appendix C; and
- Illegal immigration Reform and Enforcement Act Contractor Affidavit from Appendix C

- Miscellaneous documentation evidencing Proponents Authority to transact business in the State of Georgia
- Appendix A: All forms herein including EBO and AWDA forms
- Proposal Guarantee (in the original Volume II)

Cost Proposals which include all pricing required from Exhibit 6 and 7 (or A-1) from the Scope of Services should be in a sealed envelope with a hard copy and a cd/flash drive. There should be one (1) original and ten (10) copies (see instructions below on packaging and labeling).

ALL cd's/flash drives should be clearly labeled and inserted securely in the original and each copy of Volume I, Volume II, and the Cost Proposal (see instructions below on packaging and labeling).

Package and label all boxes as follows:

- Originals – Volume I, Volume II, and Cost Proposal (with cd's/flash drives of both Volumes I and II and Cost Proposal);
- Copy (set) 1 of 10 - Volume I, Volume II and Cost Proposal (with cd's/flash drives of both Volumes I and II and Cost Proposal);
- Copy (set) 2 of 10 - Volume I, Volume II, and Cost Proposal (with cd's/flash drives of both Volumes I and II and Cost Proposal);
- Copy (set) 3 of 10 - Volume I, Volume II, and Cost Proposal (with cd's/flash drives of both Volumes I and II and Cost Proposal);
- Copy (set) 4 of 10 - Volume I, Volume II, and Cost Proposal (with cd's/flash drives of both Volumes I and II and Cost Proposal);
- Copy (set) 5 of 10 - Volume I and Cost Proposal (with cd's/flash drives of Volume I and Cost Proposal);

- Copy (set) 6 of 10 - Volume I and Cost Proposal (with cd's/flash drives of Volume I and Cost Proposal);
- Copy (set) 7 of 10 - Volume I, Volume I and Cost Proposal (with cd's/flash drives of Volume I and Cost Proposal)
- Copy (set) 8 of 10 - Volume I and Cost Proposal (with cd's/flash drives of Volume I and Cost Proposal);
- Copy (set) 9 of 10 - Volume I and Cost Proposal (with cd's/flash drives of Volume I and Cost Proposal); and
- Copy (set) 10 of 10 - Volume I and Cost Proposal (with cd's/flash drives of Volume I and Cost Proposal).

62. Where should the declarative statement about open disputes be placed in the proposal?

Answer: In the Executive Summary. Failure to include the declarative statement in the Executive Summary may deem your proposal non-responsive.

63. How many letters of recommendations are needed?

Answer: A minimum of one letter of recommendation for EVERY resume presented in your proposal is required. Failure to include the required resumes to recommendation letters ratio may deem your proposal non-responsive.